

P-IRO Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Family Medicine

Description of the service or services in dispute:

6 additional physical therapy 3 X week X 2 weeks for the cervical spine

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a female whose date of injury is xx/xx/xx. On this date the patient fell and injured the right side of the cervical spine, right trapezius and right thoracic paraspinal muscles. Follow up note dated 02/01/15 indicates diagnosis is contusion of shoulder. The patient has completed 14 physical therapy sessions that resulted in approximately 37% improvement of her pain. She would like to continue physical therapy or get referred for chiropractic care. Note dated 02/06/15 indicates that the patient has completed 15 physical therapy visits. Current medications are meloxicam and Tramadol. On physical examination cervical pain is rated as 8/10. Cervical range of motion is limited. Sensation is grossly intact. Myotomes and deep tendon reflexes are symmetrical.

Initial request for 6 additional physical therapy 3 x week x 2 weeks for the cervical spine was non-certified noting that the claimant has been diagnosed with a neck strain and had 15 sessions of physical therapy to date. The guidelines would support 10 visits of physical therapy over 8 weeks. The claimant is able to participate and function in the current activities of daily living without substantial deficits in range of motion, strength or pain to support exceeding guideline recommendations. There is no documentation to support the need for continued, formal physical therapy versus a self-directed home exercise program. The denial was upheld on appeal dated 02/26/15 noting that when considering the date of injury, the amount of physical therapy already completed tempered by the parameters noted in the Official Disability Guidelines regarding physical therapy for the cervical spine the maximum number of visits have already been completed. There is nothing in the physical examination to suggest any significant improvement and as such the only endorsement would be home exercise program.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient sustained a neck strain in October 2014 and has completed 15 physical therapy visits to date. The Official Disability Guidelines support up to 10 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. As such, it is the opinion of the reviewer that the request for 6 additional physical therapy 3 x week x 2 weeks for the cervical spine is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)

- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)